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June 19, 2006

Harold Clarke, Secretary
Department of Corrections
Post Office Box 41100
Olympia, Washington 98504-1100

Dear Secretary Clarke:

Enclosed is the Department of Health review of prescribing practices in Department of Corrections facilities that we conducted at your request. Staff conducting the review interviewed outside experts, observed care in Department of Corrections facilities, and reviewed medical and inventory records. We were pleased with the level of assistance and open cooperation we received from your staff. Everyone, from senior management to administrative support staff, shared information, ideas, and opinions. The results of our observations and recommendations are contained in the report.

As requested, the focus of our review was on public concerns about possible abuse or misuse of narcotics at corrections facilities. We did not find evidence of such abuse or misuse. The overall use of narcotics appeared to be reasonable for the size of the population in the facilities. We do recommend several ways to improve the use of controlled medications, as well as other recommendations that may help you to improve the quality of the care in general.

If you have any questions please do not hesitate to contact Gary Bennett, Director, Facilities and Services Licensing at (360) 236-2902.

Sincerely,

Mary C. Selecky
Secretary

Enclosure

cc: Laurie Jinkins, Assistant Secretary
Gary Bennett, Director

Department of Corrections Facilities

Review of Prescribing Practices

June 19, 2006

Washington State Department of Health

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Mary C. Selecky
Secretary of Health

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This report summarizes the Department of Health's (DOH) review of the Department of Corrections' (DOC) therapeutic use of controlled medications. It was designed to address these questions:

1. Are proper pharmacy procedures for controlled medications in place in DOC facilities?
2. Are controlled medications being properly prescribed and administered?
3. Are these medications being used appropriately?
4. Is there a proper structure and process of care in place to insure safe, effective and appropriate use of controlled medications?

Executive Summary

Preliminary assessment of data identified certain medications whose use would be most representative of DOC practices. The medications were in two categories: controlled medications ("pain killers") and psychotropics (medications that address mental health issues). The former were included because of the potential for abuse and media reports of misuse. The latter were reviewed at the request of the DOC Secretary. He had expressed concern about their current use. Psychotropics are utilized heavily and account for the largest percentage of drug expenditures.

The department reviewed records of medication ordering, tracking and inventory control. We did not find any significant concerns in these areas. The ordering pattern suggested a uniform use rate. A November 2005 media story reported excessive use of controlled medications for pain, notably OxyContin/oxycodone. For our review, we selected September 7, 2005 as a date prior to the November report yet far enough in the past that all data would likely be available. Medication activity for this date was reviewed closely as primary assessment data.

We found:

1. There appear to be proper controls on controlled medications in place, although the department recommends better assessment of inventory discrepancies.
2. There are concerns about prescribing practices with both narcotic pain medications and psychotropics. Both types of medications are sometimes used inconsistently, e.g., some facilities use a drug for a particular purpose and others use it for a different purpose. There does not appear to be any wide-spread or systematic abuse. This appears to stem from a lack of guidelines and internal standards for treatment. This seems to be particularly true when disorders typically addressed by specialty providers are being managed by primary care professionals. This is often the case in the DOC environment.
3. Documentation of care was not always consistent for offenders with chronic medical needs, both inpatient and outpatient.

4. Staffing levels are insufficient to meet all the health care needs of the offender population.

The department found that concerns exist in three basic areas.

1. Standard evidence-based prescribing guidelines. There is a lack of uniform, standardized and documented protocols addressing prescribing practices in general and in particular in the areas of narcotics and psychotropics. There are differing prescribing patterns at the facilities; some that suggest inappropriate or ineffective use of medications.

   Using established protocols is the standard of practice in a managed care environment. In the Corrections setting, there is a lack of routine access to specialty providers, particularly mental health specialists. This makes the need for evidenced-based protocols particularly significant. In an environment where initial diagnoses and treatment regimens must be accomplished by generalists, this approach can help ensure safe, effective and appropriate use of relatively unfamiliar medications.

   DOC should reassess its choice of routinely stocked drugs ("formulary"). The range of medications for pain control does not seem wide enough. Routine dental pain is being addressed with relatively potent medications, while typical first line medications such as acetaminophen with codeine are not being used extensively.

   Recommendations:
   Establish protocols for prescribing most classes of medications, with early emphasis on controlled medications, psychotropics and high cost medication. Some form of peer involvement in developing protocols may improve the success of implementation. Other states' correctional departments may be able to provide copies of their protocols to begin the process.

2. Documentation of Care. Timely and accurate medical records are vital to quality care. The current manual records system is not serving DOC well.

   - Records are frequently out of date and summary data is not available. That makes such basic things as medical history and medication history difficult and time consuming for providers to locate.
   - Filing was several months out of date in at least one institution, due to staffing issues. That resulted in incomplete medical records.
   - Movement of information between facilities and from outside providers is inefficient and untimely.
   - Protocols for how records are used must be established; in places where the protocols exist they must be practiced consistently.
   - Documentation is too often lacking or missing.

   Recommendations:

- Consider a DOC system-wide medical record system. Such a system should provide timely availability of information, display and summarize multiple levels of information, and allow for consultation by multiple providers. Many of the communication concerns related to the use of medications of all types can be better monitored and addressed with improved record keeping.
- Be more aggressive with outside providers to obtain pre-confinement medical records on arrival. The general provider community is not aware of the exception to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that is afforded correctional facilities. Consequently, DOC providers must cope with a lack of health care information on what may be lifelong courses of care. This creates duplications in testing and conflicted treatment plans. The result is care that is more expensive and less effective.

3. Staffing Levels. Because of existing vacancy and turnover rates, the department was not able to assess whether DOC has allocated sufficient staff for health care services. The level of staffing we observed, especially in the outpatient areas, is inadequate. There is a notable lack of specialists, particularly mental health, dental and substance abuse specialists.

   This situation contributes to inconsistent care. It is another reason treatment protocols and standardized practices should be created. There are several things causing staff shortages, and largely they are outside the control of DOC. The lack of professional appeal and the remote location of many DOC facilities create recruitment difficulties for some institutions. The nation-wide shortage of health care providers is also a significant factor.

   Recommendations:
   - Consider use of tele-medicine alternatives for specialty consultations, either with contracted specialists or staff specialists.
   - Make more use of "circuit rider" specialist providers, either under contract or as employees.

The Review

Review Plan

Planning consisted of two phases:

During Phase One, the department conducted a basic review of statistical, background and demographic data:

- Reviewed legally mandated narcotic control documents from medication suppliers
- Reviewed DOC records regarding use of narcotic and psychotropic medications
- Interviewed outside experts in pharmacology and correctional medicine
- Devised a detailed strategy to assess the care being provided, based on data collected

During Phase Two, the department reviewed delivery of care:

- Observed delivery of care onsite at three facilities
- Reviewed medical records for care practices and documentation
- Interviewed staff

Phase One

Medication Usage

Our review of medication usage identified the most frequently used medications prescribed in DOC facilities. They are:

- Morphine Sulfate
- MS Contin
- Methadone
- Oxycodone
- Oxycodone/acetaminophen
- OxyContin

We also saw that specific types of medications were most frequently used for psychiatric and behavioral disorders. That provided us with the following list of medications or medication strategies for review:

- Use of more than one prescribed antipsychotic
- Use of Seroquel prescribed "whenever necessary", i.e. prn
- Antidepressants
- Antianxiety medications
- Mood stabilizers
- Hypnotics
- ADHD Medications

Data showed uniform use of these medications over time. Thus, a "point prevalence" methodology was decided on. Point prevalence calls for collection and assessment of information from a single point in time as representative of general usage. The

department chose September 7, 2005 as a date prior to the media report in November and far enough in the past that all data should be available. We believe that this system provides initial information to serve as the basis for the review.

Western State Pharmacy Director

The department consulted with the Pharmacy Director at Western State Hospital (WSH). She was able to offer expert professional input about appropriate psychotropic use in a mental health setting. From that December 14, 2005 interview we identified the following key points:

- WSH physicians have and follow a hospital Formulary and Drug Use Guideline.
- WSH makes use of second generation antipsychotic medications as first line medications of choice. This is because of the risk of EPS (extra pyramidal symptoms)/TD (tardive dyskinesia) with older antipsychotics.
- The older antipsychotic medications are used primarily when patients do not respond to the newer medications.
- WSH has observed that some practitioners in the general community prescribe two antipsychotic medications simultaneously. WSH has found that this can be problematic, as medications often interact in unpredictable ways.
- Antipsychotic medication requires time to be effective. Consequently "prn" use of these medications is not practiced at WSH. The practice does exist in the community at large.
- WSH uses second generation antidepressants as first line medications for depression. They also found them useful for anxiety disorders, OCD (Obsessive Compulsive Disorder), PTSD (Post Traumatic Stress Disorder), and PMS (Premenstrual Syndrome).
- WSH has found medications such as Ritalin to be appropriate and effective in treatment of Attention Deficit Hyperactivity Disorder (ADHD).
- WSH makes use of antianxiety medications, however Librium and Xanax, widely used generally for this purpose, are infrequently used at WSH.
- Medications are sometimes prescribed for sleep. The newer medications, often seen advertised on television, are not prescribed. They have not proven superior to older medications.

The department considered these points when developing survey strategies for assessing use of psychotropic medications. See Appendix B.

Colorado Department of Corrections

Media reports have highlighted apparent successes at the Colorado Department of Corrections (CDOC). Consequently, the department conducted a telephone interview with the Regional Health Director of the Colorado Department of Corrections. A summary of key points discussed:

- Colorado has 20,000 inmates housed in 23 institutions, including one for women and one specializing in mental health. It also has five or six private prisons.
- CDOC maintains two infirmaries in the state, one with 36 beds, and one with 32 beds. They operate a 48 bed skilled nursing facility for geriatric patients. The mental health facility has 255 beds with an additional 250 beds scheduled to be added. They also operate an assisted care unit with 68 beds.
- They have specialty care institutions for hospice, cancer, and AIDS.
- When necessary they use Patient Controlled Analgesia (PCA) pumps.
- They do not use the long acting, slow release medications like MS Contin, or OxyContin. They use a lot of Methadone for pain management partially due to its rapid dissolvability in water, as well as its relatively long half-life.
- They do not have a pain management protocol. They use Hydrocodone/APAP and Tylenol #3 for things like post-op and dental pain. Decreased amounts of Oxycodone/APAP are used. They use non-steroidal anti-inflammatory drugs (NSAIDs) rather than acetaminophen for routine pain management.
- They no longer use Duragesic patches, due to patient abuse.
- CDOC contracted with an MD/PharmD to conduct a pain management study. A team made observations at several institutions. They spoke with custody staff to evaluate the activity of offenders receiving controlled medications. They found that many did not need the medications, and their use was subsequently discontinued.

Facility Demographics

Use patterns, staffing models and patient mix suggested onsite reviews at three sites:

- Washington Corrections Center for Women (WCCW):
  - Total population 847 (115 percent of operational capacity).
  - A mental health staff person provides a mental health screen at the time of admission.
  - The facility operates an outpatient mental health clinic and an inpatient mental health facility at the Treatment Evaluation Center (TEC) also referred to as the Special Needs Unit (SNU).
  - The psychiatrist position has been vacant since the end of 2005.
  - Currently, medication management is performed by two part-time advanced registered nurse practitioners (ARNPs).
  - The facility has a new medical director and health care manager.
  - This facility treats female offenders with complex medical conditions. Included are underlying medical conditions ranging from infectious diseases (HIV, HCV), end of life care secondary to cancer, and several other underlying medical conditions of varying severity.

- As with the male offender population, the female offender population typically originates from a medically underserved segment of society. The typical health care needs these offenders bring with them are far higher than the population in general.

- Monroe Correctional Complex (MCC)
  - Total population 2,475 (107 percent of operational capacity).
  - Monroe encompasses a large and diverse population in several sub-facilities.
  - A total of four outpatient units are operated.
  - The Special Offenders Unit (SOU) has 400 beds for seriously mentally ill offenders, 14 close observation psychiatric beds in the expansion unit, and three additional psychiatric close observation beds in the SOU Core.
  - The facility includes offenders with chronic medical conditions. It is located near major medical facilities. This makes it the facility of choice for offenders with complex medical needs in the western part of the state.
  - A medical inpatient unit is maintained.
  - The facility has the only hemodialysis unit in DOC.
  - There is a chemical dependency treatment program at Monroe that is in the process of being expanded.
  - The SOU has a 44 bed chemical treatment facility, scheduled to expand to 80 beds by July 2006.

- Stafford Creek Corrections Center (SCCC)
  - Total population 1,943 (101 percent of operational capacity).
  - The population has increased by 33 percent since opening in April 2000.
  - There is an inpatient infirmary.
  - There are no inpatient mental health beds: seriously mentally ill offenders are transferred to a DOC facility with inpatient mental health capability.
  - Dental care capacity is limited, with only one of two authorized dentists on hand. The very high rate of dental problems (many secondary to high pre-incarceration methamphetamine use) requires that dental treatment be prioritized and consists largely of emergency care. This results in a high rate of short-term use of pain medication by offenders awaiting treatment.
  - The Health Care Manager states they have seen a significant increase in the number of offenders arriving who have been previously prescribed psychotropic medications.
  - Mental health services include one part-time psychiatrist and one part time psychiatric ARNP for medication management. The facility has identified a need for a full-time psychiatrist.
  - Mental health staff is now conducting a mental health screen at the time of admission for offenders.

A psychiatrist on the DOC staff observed: there are more mentally ill patients incarcerated within the DOC system than in both Eastern and Western State Hospitals, combined. The department did not verify this observation. Whether accurate or not, the fact remains that the mentally ill population in DOC is very high.

Phase Two

Focus of Review

The onsite review was designed to focus on:

- General medical management, as a precursor to prescribing
- Prescribing policies and protocols, and how or whether they were implemented
- Medical management of care delivered after prescribing a medication
- Internal security, control and tracking of medication

Staff interviews, medical record reviews and procedure/policy reviews would be the sources of information.

Reviews of care would be systematic, consistent and structured. To this end, two audit tools were devised to insure complete and consistent review of all audited courses of care:

- Narcotic Usage Medical Record Review tool (See APPENDIX A)
- Psychotropic Usage Medical Record Review tool (See APPENDIX B)

Findings, Observations and Recommendations:

Use of OxyContin/Oxycodone

Concerns were expressed in media reports about the volume of controlled medications being used in DOC. The media report highlighted apparent successes at the Colorado Department of Corrections to control their use. DOH interviewed the Colorado regional health director.

The interview indicated that the Colorado DOC has aggressively focused on pain relief to assure that those who need it get it, without employing long acting, slow release narcotics. They discontinued controlled medications when they found the patient's activities didn't match their stated need. They had not discontinued entire classes of medications, however. The most potent of pain control medications continued to be prescribed where clinically indicated.

The department's review did not find, as reported by media, that the Oxycodone family of medications was being abused. DOH can confirm that approximately 360,000 tablets were purchased over a three year period. That equates to 120,000 tablets per year for over 15,000 DOC residents. That would result in an average of approximately 12 doses per offender per year. Viewed another way, 120,000 tablets at three tablets per day, per offender, would permit DOC to provide110 patients per day, year around, the recommended minimum dosage. For 110 offenders out of 15,000 (an average of 0.7 percent), to be receiving oxycodone at any one time is a reasonable use rate. Actual offenders on narcotics of all types on September 7 were about 330, or 2.1 percent.

Oxycodone calls for four doses per day, consisting of at least one tablet per dose. OxyContin calls for two doses per day. Higher dosages are common, so if a more realistic daily use rate were assumed, fewer than 110 patients would be served. Given the number of terminally ill patients requiring pain control daily and chronically ill patients with disorders requiring relatively extended use, the actual volume seems appropriate. The volume of Oxycodone purchased and dispensed supports the conclusion that they are using reasonable amounts for therapeutic purposes.

The department did find occasional inappropriate use of these medications to address short term, acute pain. However, the pattern of non-chronic use suggests varying prescribing cultures in facilities that would be best addressed by a more specific system-wide protocol for pain management.

Medication Use Review

When the department reviewed the Washington State DOC's use of narcotics and antipsychotics, institution by institution, we found the following percentages of offenders prescribed those medications:

Percentage of Offenders on Narcotics as of Sep 7, 2005

Facility	AH	AV	CB	CC	MCC	MICC	PLC	SCCC	WCC	WCCW	WSP
Offenders on Med.	2.3	8.1	1.6	0.2	3.4	0.9	1.1	3.7	0.4	2.7	0.4

Percentage of Offenders on Antipsychotics as of Sep 7, 2005

Facility	AH	AV	CB	CC	MCC	MICC	PLC	SCCC	WCC	WCCW	WSP
Offenders on Med.	2.5	7.2	1.3	1.3	12.9	8.0	4.5	7.8	1.4	13.4	9.8

Percentage of Offenders on Antidepressants as of Sep 7, 2005

Facility	AH	AV	CB	CC	MCC	MICC	PLC	SCCC	WCC	WCCW	WSP
Offenders on Med.	9.2	21.6	5.6	0.2	18.2	11.7	28.2	14.7	4.0	31.3	16.4

(NOTE: Keys to facility abbreviations can be found in Appendix D)

In summary, we found medication-use to vary significantly between facilities. This can be ascribed in part to the differing acuities and diagnoses of patients as well as offender populations at the facilities.

- Monroe, for example, has the overwhelming majority of the most seriously ill, chronically ill, and terminally ill male patients in the DOC system. Their leading position as prescribers of pain control medication is appropriate. Monroe also has the overwhelming majority of the mentally ill male offender population.
- Stafford Creek Corrections Center has a high population of offenders with impaired immune systems secondary to infectious disease as well as a high population of offenders with chemical dependency history, including IV drug use.
- Ahtanum View Assisted Living Facility (AVCC) provides assisted living/nursing home functions within DOC, where higher rates of pain medications are also expected.
- Other facilities have relatively higher percentages due to other acuity factors.

In some facilities with comparable patient mixes, the use of medication varied. None of the rates are high enough to suggest a widespread use of such medications as a general placating strategy or an effort to control behavior. However, it does suggest the lack of a standardized approach to the use of these medications.

Having reviewed data for multiple sites, the department selected three facilities for onsite assessment. Monroe Correctional Complex (MCC) and Stafford Creek Corrections Center (SCCC) were chosen because they had been specifically identified by the media as high users of narcotic and psychotropic medication. Our review confirmed this finding. Washington Corrections Center for Women (WCCW) in Purdy was selected as the major women's facility because it provides a very wide range of health care services. It provides mental health services (with data showing a high use of psychotropics), deals with women offenders having a full range of medical conditions (including end of life care), and provides treatment of infectious diseases.

On Site Assessment and Medical Record Review

Data Assessed

Medical records of episodes of care on September 7 were selected to include a variety of prescribers including Physician Assistants (PAC), Advanced Registered Nurse Practitioners (ARNP), medical doctors (MD), and psychiatrists. Records selected from September 7 were of two groups; prescriptions for narcotic medications or psychotropic medications. A third group of records were identified onsite and were for offenders seen recently by a provider who had ordered either a narcotic or psychotropic. These two groups from September 7 each contained a 40-record sample. The third group included a 10-record sample chosen on the date of our onsite visit. Here's a summary:

Site	Dates of Visits	Sep 7 Narcotic	Sep 7 Psychotrop.	Identified Onsite	Total Records Reviewed
WCCW	Jan 9	13	13	8	34
SCCC	Jan 11-12	13	13	10	36
MCCC	Jan18	15	17	10	42
Totals		41	43	28	112

Reviews of the selected charts to verify the course of care was documented:

For narcotics

- Type of pain: acute, chronic non-cancer related or cancer related
- Comprehensive history and physical assessment related to chronic pain
- Consideration of past treatment(s) utilized
- A clearly defined working diagnosis
- Periodic review/reassessment of the treatment plan, patient's clinical course, measurable progress, medication side effects, and disease progression
- Results of any specialty consultations related to chronic pain condition
- Progress notes that were legible and contained a clear picture of the patient's condition, past and present treatment methods, and progress in the treatment plan
- Medication and/or dosage changes justified in the documentation

For psychotropics

- Current psychotropic medications prescribed, including dosage, instructions for use, and whether the prescriber is an MD, Psychiatrist, ARNP, or Physician Assistant
- Assessment of medication allergies
- Review for consistency with pharmacy profile (except at WCCW)
- A working psychiatric diagnosis consistent with the Diagnostic Statistical Manual Four (DSM IV)
- Reasons for medication, changes in medication or dosage adjustment
- Comprehensive psychiatric history
- Any medical diagnosis or condition
- Informed consents
- Consultations
- Written treatment plan
- Legible progress notes containing a clear picture of the patient's condition, past and present treatment methods, and progress in the treatment plan

Summary of Record Review Findings

- Treatment plans were consistently found for *inpatient* mental health patients that follow DOC inpatient policies and procedures.
- Pre-incarceration records from previous confinement facilities (county jails) or other mental health providers were found in only a minority of records.
- Records where involuntary medication was ordered had appropriate documentation for both 14-day and 180-day involuntary use of medication.
- Signed consent forms for psychiatric treatment were not found for all offenders receiving treatment.
- Diagnoses and problem list findings were as follows:
  - DSM IV diagnoses were incomplete in some records
  - Problem lists were frequently incomplete
  - and, allergy documentation was inconsistent
- Comprehensive history and physical examinations pertaining to pain and/or mental health conditions were often not in the file:
  - Complete comprehensive mental health evaluations were not consistently documented.
  - Documentation about the nature/severity of pain was poor.
  - Documentation often lacked a clear description of the patient's condition, past and present treatment methods, future treatment plan, progress and current treatment goals.
  - Sometimes the comprehensive psychological evaluations were completed prior to the offender being readmitted with no current update or evaluation to see if the old information reflected the offender's current mental health status.
- Record of treatment was often incomplete:
  - Treatment plans with measurable goals and routine reviews were often absent for chronic pain patients.

- Documentation of indications/reasons for dosage adjustments were sometimes not in the file.
- There was a lack of consistent documentation about monitoring side effects for known serious issues.

- Legible handwriting was a concern for many providers.

Observations Resulting from Chart Review

- It did not appear that DOC was using pain management specialists, occupational therapy or physical therapy.
- The current system to provide a comprehensive review of complicated medical management cases by a multidisciplinary team does not routinely address chronic narcotic use.
- The current medical record system does not allow ready review of system-wide use of medications for management and treatment planning.
- Offenders may enter the DOC system on narcotics, psychotropics and other medications that are not included in the DOC formulary. Time delays in continuing offenders' medications occur due to the need to assess, monitor, and evaluate the initiation, continuance or discontinuance of a medication regimen.
- The lack of comprehensive medical history and physical examinations in a large percentage of records involving pain or mental health diagnoses is a significant quality of care concern. It is even more problematic because of the turnover of staff.
- The inability to obtain relevant and meaningful pre-incarceration medical records to substantiate the medical plan contributes to most problems identified. Problems with the external health care system include:
  - **Misconception on the part of providers that HIPAA restrictions apply to offender records which causes delays in obtaining pre-incarceration medical records.** ***[45 CFR 164.512(k)(5)(i) "Permitted disclosures. A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:***
    (A) The provision of health care to such individuals;…"
  - Pre-incarceration medical records for psychiatric conditions were particularly rare.
- The offender population is at high risk for drug seeking behaviors. This creates system efficiency challenges that are compounded by weaknesses in documentation and limited chemical dependency services throughout DOC facilities.
- Lack of standing protocols for:
  - Narcotic tapering, e.g. lowering doses over time
  - Evidence based management of pain
  - Chronic pain management

- Some prescribing protocols were in active development:
  - The new DOC Pharmaceutical Management directives (formulary) were implemented January 1, 2006.
  - The first updates to the formulary were made in March, 2006.
  - The formulary is designed to be constantly updated based on the DOC quality review processes.

Staffing

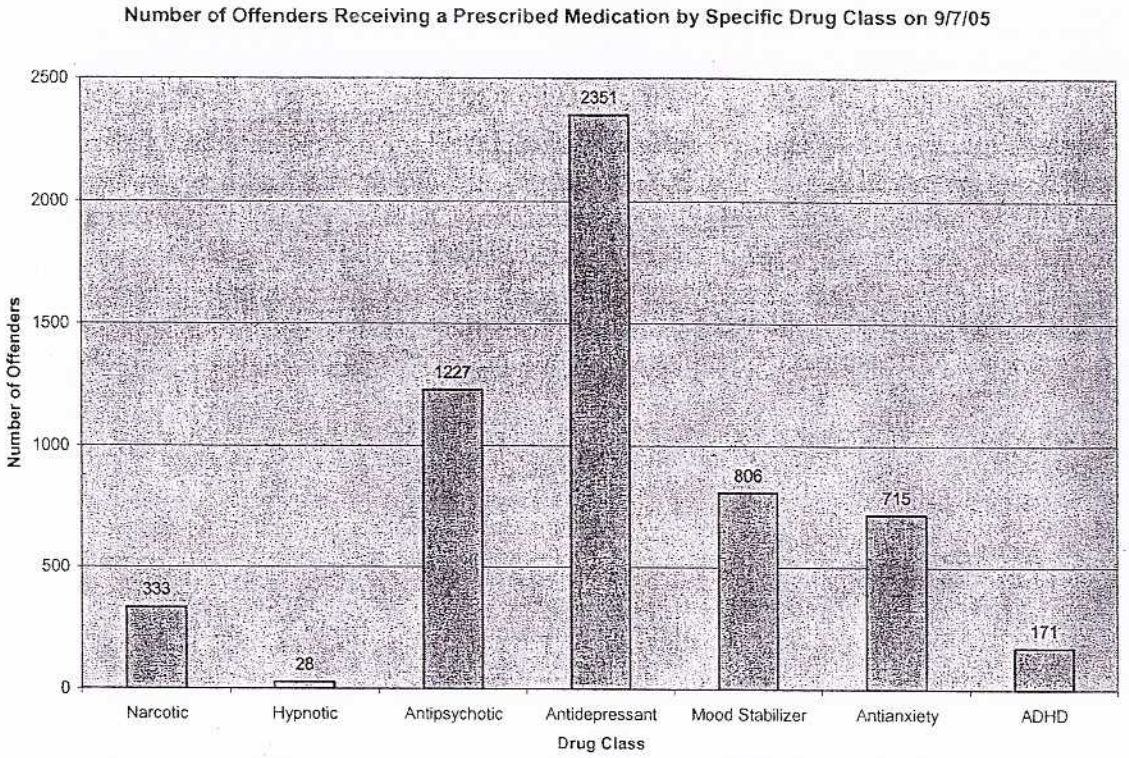
- Significantly backlogged filing in at least one facility resulted in incomplete medical records. Medication Administration Records (MAR) had not been filed since June, 2005. This made the DOH review more difficult, and had a ripple effect system-wide. The department found at least one record at a facility with an incomplete MAR. Recent medication history from the DOC facility from which the offender had been transferred was missing.
- Inadequate staffing levels contributed to most observed problems. It is difficult to address long-term, system issues when immediate patient care needs consume most of the available staff time.
- During the onsite visits, pharmacy, nursing and medical staff all commented on staffing shortages, unfilled vacancies, and use of contract providers who may or may not have an adequate orientation to DOC's complex and unique systems.
- Low staffing levels and high rates of turnover are clearly significant problems. Perhaps the best tool for coping with such problems is development and implementation of comprehensive protocols for managing most commonly recurring conditions, and active staff peer review and quality assurance processes. The difficulty is that creating and maintaining such systems consumes staff time, particularly in the development process.
- We were not able to determine if the health care staffing levels DOC has allocated are adequate. That is because we did not find a facility that had all authorized staff hired and working. It is clear, however, that staffing levels as they actually exist are not adequate.

Data Review and Analysis

Below are charts representing data about the use of specific medications across DOC.

The department was not able to complete a comprehensive review of the DOC system and develop sufficient empirical data to fully substantiate its recommendations. However, we believe the observations contained in this report are valid. Supplemental data may modify the details of the department's conclusions. For this reason, additional assessment by DOC staff or others should continue.

Chart 1



This chart shows the number of offenders with active prescriptions. It addresses the entire DOC population. The numbers reflect medication use by medication category.

- On the date reviewed, DOC had a total of 15,758 offenders in custody. Of these, 3,300 had one or more active prescriptions for one of the drugs charted above.
- "Narcotics" include all Schedule II-IV Controlled Substances. Thus the numbers include medications such as Ritalin and Valium. While they are controlled medications they are not, strictly speaking, narcotics.
- Psychotropics include hypnotics, antipsychotics, antidepressants, mood stabilizers, antianxiety and ADHD medications.
- The data shows that about 2 percent or 333 of 15,758 l offenders were receiving narcotics on 9/7/05. This percentage is very low considering the offender population.
- Offenders are characteristically medically underserved, and exhibit higher than average numbers of chronic medical conditions. These include dental care

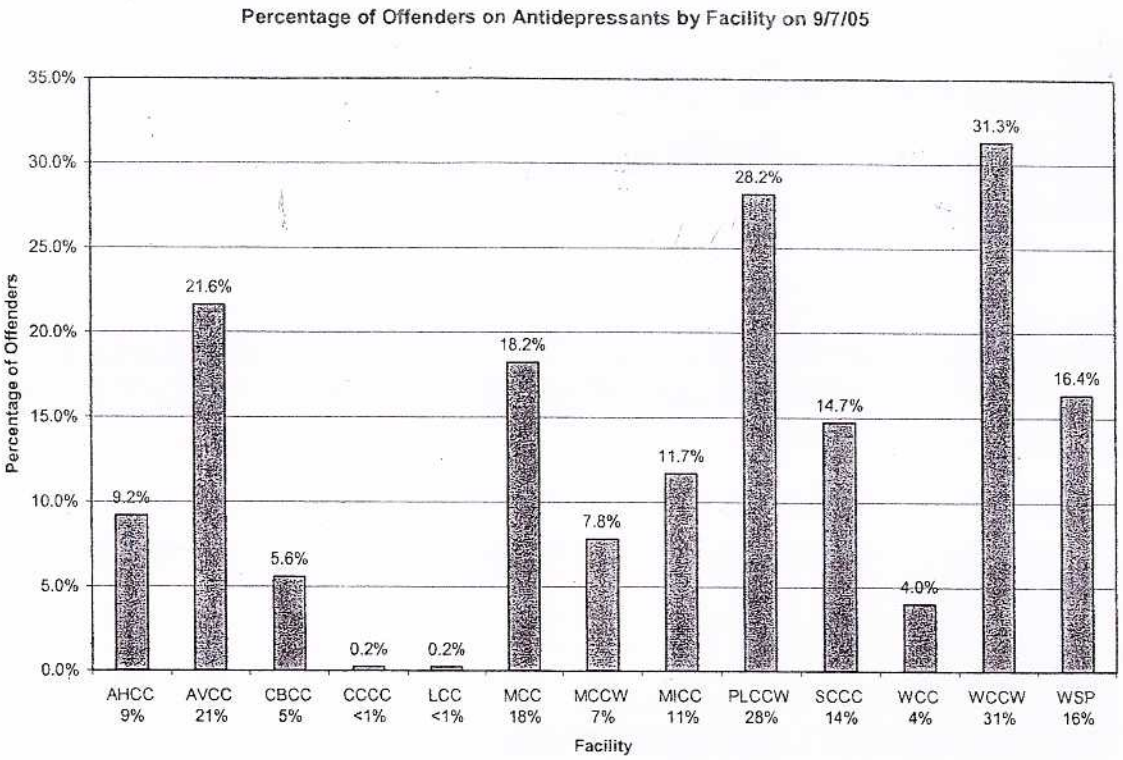
neglect, a high incidence of Hepatitis C and a larger than typical ratio of psychiatrically disordered persons.

The use of narcotics for acute, cancer or chronic pain is expected. The need for a variety of psychotropic medications is also expected. This population has a very high number of Seriously Mentally Ill (SMI) offenders as well as many others with less severe psychiatric disorders.

The department reviewed offender records to determine how and why these medications were prescribed. We noted that several offenders had prescriptions for narcotics as well as psychotropic medications. Many medical records documented both pain and mental health issues. It is a topic that a medical management protocol should address.

The department found reviewing the total medications prescribed provided some insights. The total number of offenders taking any medication is 3,300. The total number of prescriptions issued is more than 5,600. Since only 333 are narcotics, a substantial number of patients are on multiple psychotropics. The rate of multiple prescriptions merits further review. A professional clinical assessment of how psychotropics are used may be able to reduce the number of modified prescriptions or alternative courses of medication. Such a review is beyond the capacity of DOH. Another matter to consider for further professional evaluation is the number of offenders on anti-depressants.

Chart 2



The use rates among facilities are strikingly disparate:

- Thirty-one percent of the female DOC population were receiving antidepressants on September 7, 2005.
- Use rates among the male population are significantly lower, even at MCC and AVCC where concentrations of offenders with special health care requirements occur.
- In the general U.S. population, the use of anti-depressants is also higher among women than men. However, the difference in rate is not typically reported to be 250 percent higher. The male offender population was prescribed antidepressants at an overall rate of less than 12 percent.
- Various discussions in literature refer to gender differences ranging from 110 percent to 155 percent depending on the age of the report and the population subsets studied. The department suggests medical experts be engaged to evaluate the prescribing of antidepressants. It may be that one group is over or under prescribed, or that both could be adjusted.

Chart 3

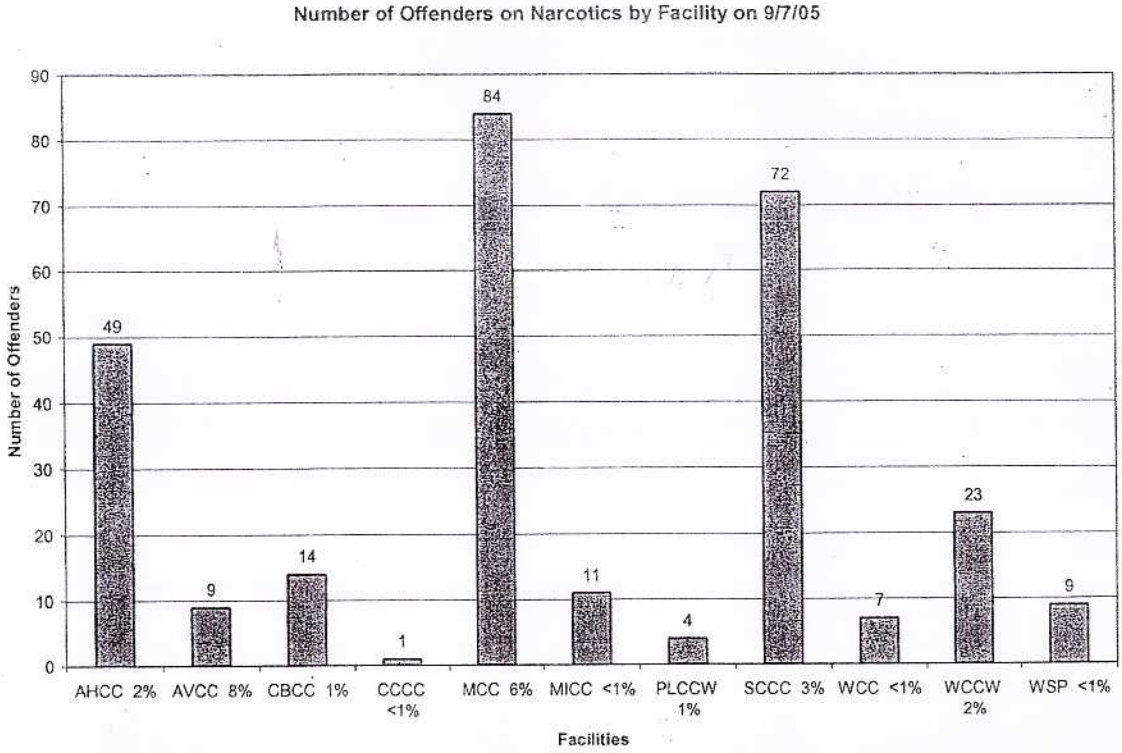


Chart 3 shows the number of offenders and percentages of offenders having a prescription for a narcotic (controlled medication) within the various DOC facilities.

Airway Heights Corrections Center (AHCC), Monroe Correctional Complex (MCC), Ahtanum View Assisted Living Facility (AVCC), Washington Corrections Center for Women (WCCW) and Stafford Creek Corrections Center (SCCC) had the highest numbers and percentages of offender prescriptions for narcotics.

There are reasons for the higher numbers and percentages at these locations. These facilities either have infirmaries or are designated for special health care focuses.

AVCC is an assisted living facility for elderly or chronically ill offenders needing end of life or nursing home level of care, both of which call for a higher narcotic use.

MCC is the largest correctional facility and provides care to offenders with the highest medical acuity. Monroe also has the highest number of inpatient psychiatric offenders. It also has the only renal dialysis capability in DOC. A larger than average use of narcotics would be expected.

Delays in receiving dental care at SCCC result in higher than normal use of narcotics for pain relief. However, choice of specific medication may be a matter of concern, and is discussed below.

WCCW and Pine Lodge Corrections Center for Women (PLCCW) and Mission Creek Corrections Center (MCCC) treat women only. Of the facilities that treat women, only WCCW provides infirmary level of care and inpatient mental health treatment. That likely explains the higher rate of psychotropic use there.

Note: total number of offenders prescribed narcotics displayed on Chart 3 is less than the number indicated in Chart 1. Chart 3 is specific to the named facilities. Chart 1 reflects the total DOC population.

Table 1

2005 TABLET PURCHASES AT 5 DOC FACILITIES

		Narcotic			
Medication (Generic)	**MCC**	**AHCC**	**CBCC**	**SCCC**	**WSP**
oxycodone	58,375	27,325	1,400	19,500	6,800
morphine	4,500	3,400	0	15,600	5,600
methadone	16,000	3,300	0	200	0
hydromorphone	500	600	0	1,600	0
meperidine	400	0	0	0	0
fentanyl	25	0	0	0	365
Total Doses	79,800	34,625	1,400	36,900	12,765

		Antidepressant			
Generic	**MCC**	**AHCC**	**CBCC**	**SCCC**	**WSP**
bupropion	27,900	26,940	2,980	45,280	63,140
amitriptyline	35,200	33,100	2,500	13,600	27,200
fluoxetine	43,500	22,200	5,000	16,500	12,000
doxepin	23,400	9,600	4,300	9,000	40,000
sertraline	32,100	15,000	1,700	12,300	15,200
citalopram	14,000	4,400	800	19,200	17,800
mirtazapine	9,600	15,190	420	20,030	10,740
paroxetine	28,600	13,680	800	5,280	6,930
Total	214,300	140,110	18,500	141,190	193,010

The department audited the records of DOC medication purchases maintained by the wholesaler. The audit showed considerable variation in the medication purchases among five randomly selected facilities. Those facilities were Airway Heights, Clallam Bay, Monroe, Stafford Creek and the State Penitentiary. The narcotic analgesic and psychotropic medications purchased are summarized on Table 1.
The numbers we obtained are consistent with media reports in November 2005. The department did not obtain sufficient data to evaluate use levels. We have anecdotal information to suggest that some of the more potent medications such as OxyContin/Oxycodone have been prescribed for short term, acute purposes. This is not the practice in the wider health care community.

The department restates its recommendation for agency wide protocols for pain management. The services of a specialized professional to assist or oversee this process should be considered.

In a related area, we looked at the use of Seroquel, following a request from the DOC Medical Director.

Seroquel (quetiapine) tablet purchases by facility

	MCC	AHCC	CBCC	SCCC	WSP
quetiapine	72,660	26,800	1,340	67,340	76,120

The department does not have statistical information on the numbers of patients on Seroquel therapy. However, we did observe on several occasions that the medication was being prescribed "PRN." The practice was not generalized.

Recommendations

Develop evidence-based pain management protocols for acute, chronic non-cancer, and cancer patient care.

- Develop, implement and enforce protocols related to patient assessment, documentation, consistent physical examinations, documentation of history, prescribing, and other data to be recorded.
- Develop a quality management program that includes a centralized peer review process associated with the development and maintenance of evidence-based protocols.
- Develop a DOC state-wide documentation system that provides a clear, current understanding of the patient's condition including:
  - Past and present treatment rationale and goals
  - Future treatment plan
  - Progress notes and current treatment goals
  - Problem lists with all types of diagnoses including mental health
  - Medication assessment and how potential and actual side effects are being monitored
- Health care records should be easily read and staff-friendly to maintain. Department of Corrections should consider developing a medical record system that is more accessible and readily provides summary information.
- Develop a more comprehensive system and protocols for assessment of new inmates that:
  - Confirms existing diagnosis, either by referral, appropriate testing or existing valid documentation
  - Requests, as part of offender in-processing, medical records from previous providers, clearly citing HIPAA provisions that allow information sharing even when inmates do not consent and aggressively follow up the requests
  - Assures that temporary measures intended to assure continuity of care cannot become the approved course of care without verification
- Consider seeking and evaluating protocols from other state DOCs as well as managed care organizations to use as models.
- Identify offenders in need of targeted chemical dependency interventions, including specific protocols for addressing offenders with co-occurring disorders and/or chronic pain.
- Develop a medical record keeping system that facilitates the management of chronic conditions including mental illness.
- Provide uniform training to health care staff about pain management, prescribing policies and the role of all staff members in assuring adherence.
- Expand teleconferencing capabilities to:
  - increase access to care, particularly consultations with specialists
  - facilitate peer review
  - integrate quality assurance programs
- Evaluate existing formulary for "holes," particularly with respect to pain management. Identify opportunities to make available medications that are less potent than "high end" medications, but provide better pain management than common NSAIDS.

Overview

Health care at DOC is evolving; in some areas more rapidly than others. Relatively few problems the department found were a surprise to DOC staff. The goal of health care leadership at DOC has been to merge the previously separate systems at each facility into a single culture of care. An area that bears study in that regard is documentation of care.

Department of Corrections experiences high staff turnover and vacancy rates. This contributes to making continuity of care inconsistent. Consequently, the record of care is even more important in the DOC environment. A single, standardized, perhaps electronic health record system is worth consideration.

There have been successes in DOC health care development. The use of peer review as a tool to establish standards of care has been initiated. It should be extended beyond complex pain management cases. This approach should include the other areas of specialized medical care.

Our review concentrated on behavioral health and pain management, however all areas of care will benefit from standard protocols. The primary obstacle to rapid implementation of needed improvements is staffing. Protocol development usually involves some level of practitioner participation. That means taking time from patient care duties to participate in the development and maintenance of protocols.

APPENDIX A
Narcotic Usage Audit

Department of Health
Narcotic Usage Medical Record Review

Date: _____2005
Reviewer's Initials _____
Inmate ID _____ Age____ □ Out-Patient □ In-Patient
□ SCCC □ Monroe WSR TRCC SOU □ WCCW Drug Allergies:
_____

Current Medications on MAR (circle one) **Notes** Including length of time Rx prescribed

□ Morphine Sulfate ____mg q ___ h, qd bid tid qid
□ MS Contin ____mg q ___ h, qd bid tid qid
□ Morphine Injec. ____mg q ___ h, qd bid tid qid

□ Methadone ____mg q ___ h, qd bid tid qid

□ Oxycodone ____mg q ___ h, qd bid tid qid
□ Oxycodone/ APAP ___mg q ___ h, qd bid tid qid
□ OxyContin ____mg q ___ h, qd bid tid qid

□ Hydrocodone ____mg q ___ h, qd bid tid qid

Daily total APAP dose
_____mg

Adjunct Drug Therapy

□ NSAID
_____ ____mg q ___ h, qd bid tid qid

□ Steroidal Antiinflammatory
_____ ____mg q ___ h, qd bid tid qid

□ Gabapentin ____mg q ___ h, qd bid tid qid

□ Antidepressant and/or Anticonvulsant
_____ ____mg q ___ h, qd bid tid qid

□ Antianxiety
_____ ____mg q ___ h, qd bid tid qid

□ Muscle Relaxant
_____ ____mg q ___ h, qd bid tid qid

□ Other
_____ ____mg q ___ h, qd bid tid qid
These might include: Triptans for Acute Migraine; Topical Analgesic ie Lidocaine Patch, Duragesic Patch

Chart Review:

Indication for Controlled Substances:

Acute Pain

- □ Post Surgical, Type of surgery: _____ Date of Surgery _____
- □ Trauma, Type of trauma: _____ Date of Occurrence _____
- □ Burn, Extent of Burn _____ Date of Burn _____
- □ Dental: _____ Date of Procedure _____
- □ Other _____

Chronic Non-Cancer Related Pain

- □ Post Surgical Complication
- □ Neurologic basis, could include Migraine
- □ Musculoskeletal
- □ Medical Condition
  - □ End Stage Hepatitis C
- □ Other _____

Chronic Cancer Related Pain

Type of CA _____

History of: □ Drug Addiction; □ Alcohol Abuse

Does the patient medical record contain the following?

History and Physical Examination:

☐ Comprehensive History related to chronic pain. Pain characteristics, intensity, location, emotional function. Effect pain has on physical functions. Psychological and physical assessments. Diagnostic testing.

☐ Comprehensive History related to past pain treatment
- □ Medication Allergy details

☐ History of addiction risk

☐ Complete physical examination pertaining to pain management condition.

☐ Outside or Pre-incarceration medical records for chronic pain condition obtained.

☐ **Diagnosis / Medical Condition.** Well delineated/documented working diagnosis

☐ **Written treatment plan with recorded measurable objectives/goals. To include future plan for diagnostic procedures, alternative treatments etc.**

☐ **Informed consent documented.** Discussion of risks and benefits of therapy to include medication side effects.

Periodic reviews and modifications indicated.

☐ Reassessment of treatment plan.

☐ Documentation of patient's clinical course, including current physical assessment.

☐ Documentation of measurable progress, meeting goals, improving activity etc.

☐ Medication side effects

☐ Disease progression

Consultations and Diagnostic Testing documented in record?

☐ Pain Management specialty

If Yes, are the pain management recommendations being followed: □ Yes;

□ No

☐ Addiction medicine specialty evaluation.

☐ Other specialty evaluations obtained that are related to process causing pain.

- □ Medicine Specialty _____
- □ Neurology / Neurosurgery
- □ Orthopedics
- □ Surgical Specialty _____
- □ Physical Medicine, incl. OT & PT
- □ Psychiatry/Psychology (related to Chronic Pain, Depression etc.)

☐ Are special studies recommended by specialty referral being completed.

Medical Records,

☐ Reflects an on-going assessment of patient's condition. Includes Pain rating scales.

☐ Appropriate format i.e. SOAP,

☐ Legible

☐ Complete, to the extent that if a new provider assumed care, they would have a clear understanding of the patient's condition, past & present treatment modalities, future treatment plan, progress and current treatment goals.

☐ Does the record reflect justification for medication and/or dosage change

- ❑ Librium (Chlordiazepoxide) ____mg _____ _____
- ❑ Other_____ ____mg _____ _____

ADHD (Attention Deficit/Hyperactivity Disorder)

- ❑ Strattera (Atomoxeine) ____mg _____ _____
- ❑ Adderall ____mg _____ _____
- ❑ Ritalin/Concerta ____mg _____ _____
- ❑ Other_____ ____mg _____ _____

Sleep Meds (Hypnotics)

- ❑ Ambien (Zolpidem Tartrate) ____mg _____ _____
- ❑ Restoril (Temazepam) ____mg _____ _____
- ❑ Desyrel (Trazadone) ____mg _____ _____
- ❑ Other_____ ____mg _____ _____

Medical Record/Chart Review:

Does the patient medical record contain the following?

- ❑ **Intake Screen** documenting any history of mental illness, suicide ideation, psychotropic medication
  Date of intake screen_____ Date of screen by mental health provider_____
- ❑ **Transfer Summary** (between DOC facilities) documenting any mental health issues/psychotropic meds

History and Physical:

- ❑ Comprehensive mental health history including the following:
  - ❑ Past psychiatric treatment including outpatient and/or hospitalization
  - ❑ Suicide ideation
  - ❑ Homicidal ideation
  - ❑ Global assessment of functioning (GAF)
  - ❑ Current medications
    - ❑ Medication Allergy _____
  - ❑ Compliance or noncompliance with treatment
  - ❑ Substance Abuse and/or alcohol abuse (circle which one or both if applicable)
- ❑ Medical history including any current medical diagnosis
- ❑ Laboratory results if indicated to rule out a medical cause of psychiatric condition
- ❑ Pre-incarceration medical records for psychiatric condition obtained

Diagnosis -- Well delineated/documented working diagnosis

- ❑ DSM IV Psychiatric Diagnosis

Psychotropic Medications

- ❑ Reason for psychotropic medication to be prescribed
- ❑ Justification for a change in psychotropic medication or dosage is documented

APPENDIX C
DOCUMENTS CONSULTED

DOH Documents

Chapter 70.02 RCW Medical Records-Health Care Information Access and Disclosure

Federation of State Medical Boards Recommendations for Chronic Pain Management

Washington Medical Quality Assurance Commission Guidelines for Management of Pain

Health, Environmental and Safety Standards, for the Operation and Maintenance of Correctional Facilities, March 2005.

DOC Documents

DOC medical record audit by Catherine Knox

Washington State Department of Corrections, Pharmaceutical Management (valid 1/1/2006 to 1/31/2007), approved by the DOC Medical Director (new DOC Formulary)

DOC Policies

DOC 630.540 (11/21/02), Involuntary Medication Administration
DOC 610.040 (6/10/03), Health Care Screening, Appraisal and Status
DOC 610.600 (4/14/05) Infirmary Care (treatment planning)

Additional References

U.S. Department of Health & Human Services, The Office of Women's Health, October 2005, Breakthroughs & Challenges in the Pharmalogic Management of Common Chronic Pain (Special issue), Clinician, Vol. 23, No 3.

Healy, David, Psychiatric Drugs explained, 4th edition (2005), New York (Elsevier)

National Commission on Correctional Health Care (2003), Correctional Mental Health Care, Illinois (NCCHC)

National Commission on Correctional Health Care (2004) Standards for Opioid Treatment Programs in Correctional Facilities

Western State Hospital Formulary and Drug Use Guidelines (2004) prepared under the direction of the WSH Pharmacy and Therapeutic Committee.

Texas Department of State Health Services, Texas Medication Algorithm Project, August 18, 2005 update.

APPENDIX D
Department of Corrections Facility Index

Below are the names and locations of the in-state facilities in the DOC network. Preceding each is the abbreviation code use throughout this report to identify facilities.

AVCC - Ahtanum View Correctional Complex (Assisted Living Facility)
Yakima, WA 98903

AHCC - Airway Heights Corrections Center
Airway Heights, WA

CCCC - Cedar Creek Corrections Center
Littlerock, WA

CBCC - Clallam Bay Corrections Center
Clallam Bay, WA

CRCC - Coyote Ridge Corrections Center
Connell, WA

LCC - Larch Corrections Center
Yacolt, WA

MCC - Monroe Correctional Complex
Monroe, WA 98272-0888

- TRU - Twin Rivers Unit
- WSR - Washington State Reformatory Unit
- MSU - Minimum Security Unit
- SOU - Special Offender Unit

MICC - McNeil Island Corrections Center
Steilacoom, WA

MCCC - Mission Creek Corrections Center
Belfair, WA

OCC - Olympic Corrections Center
Forks, WA

SCCC - Stafford Creek Corrections Center
Aberdeen, WA

WCC - Washington Corrections Center
Shelton, WA

WCCW - Washington Corrections Center For Women
Gig Harbor, WA

PLCC - Pine Lodge Corrections Center for Women
Medical Lake, WA

WSP - Washington State Penitentiary
Walla Walla, WA